

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521622

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
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22				/		
23				/		
24				/		
25				/		
26				/		
27			1			
28				1		
29				2		
30				2		
31				2		
32				2		
33				2		
34				2		
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38				2		
39				2		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48				2		
49			1			
50				1		
TOTAL IND.			7			
TOTAL DEP.				83		
TOTAL CLAIMS			90			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58			1			
59				/		
60				/		
61				/		
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69			1			
70			1			
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						